

BEST AVAILABLE COPY

CLAIMS ONLY						
Application Number						Filing Date
Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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48						
49						
50						
Total Indep.	3					
Total Depend.	16					
Total Claims	19					

* May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						